



**ARIZONA BOARD OF ATHLETIC TRAINERS**

5060 North 19<sup>th</sup> Avenue, Suite 209

Phoenix, Arizona 85015

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FAX: (602) 589-8354

Website: <http://www.users.qwest.net/~azat/>

E-Mail: [azat@qwest.net](mailto:azat@qwest.net)

**VERIFICATION OF LICENSURE STATUS**

**INSTRUCTIONS FOR USE:** Make a copy of this form for each State in which you are or have been licensed. Complete the applicant portion of the form and send a form to each State's licensing Board or Agency in which you are or were licensed.

**APPLICANT TO COMPLETE THIS SECTION**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

License Number: \_\_\_\_\_

Date Granted: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THE BELOW IS TO BE COMPLETED BY THE LICENSURE BOARD/AGENCY AND SENT TO THE ARIZONA BOARD OF ATHLETIC TRAINING AT THE ABOVE ADDRESS.

Licensee's license number: \_\_\_\_\_ Licensed as: \_\_\_\_\_

Date issued: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

License issued on bases of: Certification \_\_\_\_\_ Endorsement \_\_\_\_\_ Other \_\_\_\_\_

Has disciplinary action been taken against licensee: \_\_\_\_\_  
(YES) (NO)

Is there any disciplinary action pending? \_\_\_\_\_  
(YES) (NO)

Indicate the reason for disciplinary action: \_\_\_\_\_

Completed by: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Please print or type)

Telephone number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Dated: \_\_\_\_\_

Title: \_\_\_\_\_ Agency: \_\_\_\_\_

(SEAL)

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